

MULTIPLE DEPEN CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/538362

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/							51			
2			/							52			
3			/							53			
4			3							54			
5			0							55			
6			1							56			
7										57			
8			1							58			
9			0							59			
10			0							60			
11			0							61			
12			0							62			
13			0							63			
14			0							64			
15										65			
16										66			
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44										94			
45										95			
46										96			
47										97			
48										98			
49										99			
50										100			
TOTAL IND.	1				1								
TOTAL DEP.	15				13								
TOTAL CLAIMS	16				14								